

**IDENTITY AFFIDAVIT**

To obtain a Virginia driver's license or photo identification card, you must submit proof of your identity. If you do not have two documents that are acceptable to prove your identity as required by DMV, a sworn affidavit may be submitted on this form in lieu of one of the two documents ordinarily required.

The Commissioner of DMV has determined that in order to be acceptable as proof of identity, the statements made on this affidavit by you and by the other person who is certifying as to your identity must be sworn to or affirmed. Any person who knowingly swears or affirms falsely on this affidavit shall be guilty of perjury pursuant to Virginia Code Section 46.2-105.

The certification of your identity must be sworn to or affirmed by an individual who is either: 1) an attorney who is a member in good standing of the Virginia State Bar, or 2) a Virginia resident who is an official or representative of an organization recognized by the Immigration and Naturalization Service as permitted to designate a representative to practice before the INS or its Board of Appeals, provided such organization has offices in Virginia or a contiguous jurisdiction. (A list of qualified organizations is available from DMV.)

Please print in ink or type.

<b>APPLICANT INFORMATION</b>		<i>All applicants must complete this section.</i>	
Name: Last First Middle		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Principal Residence Address (Where You Live)			
City	State	Zip Code	Date of Birth Month/Day/Year ____/____/____ M M D D Y Y Y Y
Place of Birth	Name Given at Birth (if different from name above)	When, Where, and Reason For Name Change	
Social Security Number	Alien Registration Number (if any)		
<b>I SWEAR (OR AFFIRM) THAT ALL THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT KNOWINGLY SWEARING FALSELY ON THIS AFFIDAVIT CONSTITUTES PERJURY UNDER VIRGINIA CODE SECTION 46.2-105.</b>			
Applicant's Signature		Date ____/____/____ M M D D Y Y	

<b>IDENTITY CERTIFIED BY</b>	<i>This section must be completed by the individual certifying to the applicant's identity, who must be either: 1) an attorney who is a member in good standing of the Virginia State Bar, or 2) a Virginia resident who is an official or representative of an organization recognized by the Immigration and Naturalization Service as permitted to designate a representative to practice before the INS or its Board of Appeals, provided such organization has offices in Virginia or a contiguous jurisdiction.</i>
Name of Person Affirming Identity: Last First Middle	
Address Where You Live/ Or Where You Practice:	
City	State Zip Code
Are you a member of the Virginia State Bar in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Virginia State Bar Number: _____	
If no, are you a resident of the State of Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No Virginia Driver's License Number: _____	
Organization Recognized by the INS that You Represent or in Which You Serve as an Official	Your Title

<b>CERTIFICATION</b>	<i>The person certifying to the applicant's identity must swear to or affirm the information given and sign in the presence of a notary public.</i>
<b>I SWEAR (OR AFFIRM) THAT I PERSONALLY KNOW THE APPLICANT, THAT I HAVE REVIEWED THE IDENTITY DOCUMENTATION PRESENTED TO ME BY THE APPLICANT AND AFTER PERSONALLY EXAMINING THE APPLICANT AS TO HIS/HER IDENTITY, HAVE DETERMINED THAT THE APPLICANT'S IDENTITY IS AS HE/SHE HAS SWORN TO OR AFFIRMED ABOVE. I FURTHER SWEAR THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT KNOWINGLY SWEARING OR AFFIRMING FALSELY ON THIS AFFIDAVIT CONSTITUTES PERJURY UNDER VIRGINIA CODE SECTION 46.2-105.</b>	
Signature of Person Affirming Identity	Date ____/____/____ M M D D Y Y
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____ (Month) (Year)	
_____, NOTARY PUBLIC.	
MY COMMISSION EXPIRES ____/____/____ M M D D Y Y	